## **CANDIDATE / OFFICEHOLDER** CAMBAIGN FINANCE DEDODT

## FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 1
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS(MR) RIRST HMI.	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX  ROW "Segould	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  See Public Information Act 552.117	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  See Public Information Act 552.117	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS(MRS) MR  IFICEN  NICKNAME  DUME  SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	utonio,TX 78210
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 534.0987	
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day  OI / OI / O4 THROUGH 06/30	
11 ELECTION	Month Day Year ELECTION TYPE  Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  City Council Dist. 3	wn)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the ca</li> <li>Candidates are required to disclose this information only if they receive notification of the discount</li> </ul>	Indidate's prior consent Approval.
BY OTHER INDIVIDUALS	Name	SAN TY CLE
☐ additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	A 9: 52
	GO TO PAGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT:**

P.O. Box 12070

## FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2
15 C/OH NAME	Ronalde	H. "Ron" Segovia	16ACCOUNT#(Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candic e without the candidate's or officeholder's knowledge or consent. Candidat f they receive notice of such expenditures. ••	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	0
	GENERAL	COMMITTEE ADDRESS	
į	SPECIFIC	COMMITTEE ADDRESS	JUL 10 CORRECTION
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	A PER ON
		COMMITTEE CAMPAIGN TREASURER ADDRESS	\$2
18 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,200.
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 8
	4. TOTAL	POLITICAL EXPENDITURES	\$ 17,808.45
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 2,27/00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 6450
19 AFFIDAVIT			**************************************
	ANA LUISA GALINI MY COMMISSION EXF April 7, 2006	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAM		Rough Allegon	ate or Officeholder
of July , 2	La luico	Printed name of officer administering oath	Notory Publicate of officer administering oath

exas Ethics Com	mission P.O. Box 1207	0 Austin,	Texas 78711-2070	(512) 463	<u>-5800 1-800-325-8506</u>
	AL CONTRIBUTION THAN PLEDGES (		3		SCHEDULE A
The Instruction	Guide explains how to complete t	this form.		1 Total pages Schee	dule A:
2 FILER NAME				3 ACCOUNT # (Eth	ics Commission filers)
Rov	5 Full name of contributor	Senovia			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
1	John T. Mor 6 contributor address; City; 1 Buckingham	ntford State; Zip Code		contribution (\$)	description (if applicable)
	Sun Antonio, T	X 78259	7	i	
9 Principal occup	ation / Job title (See Instructions)		10 Employer (See Ins	structions)	
Date		out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/3/04	Charles A. Contributor address; City; P.O. BUX 12; San Antonio	612		\$ 350.00	RECEIVE OF SOLVE
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)	A SAB
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of	In-kind contribution
2/17/04	Frank D. W contributor address; City: 222 Laclede			\$ 100,00	description (if applicable)

	San Antonio, TX 78	314		
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor  out-of-state PAC (ID#,		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code	P. A.C. Inc.	6.1	, , , , , , , , , , , , , , , , , , , ,
2/6/04	Contributor address; City; State; Zip Code		\$500.00	
·	12821 W. Golde	78949	1	
	Sun Antomos	18241		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

Amount of In-kind contribution Brenda Vickrey Johnson
Contributor address; City; State; Zip Code
13055 N. Hunters Circle description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Com	mission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 463	3-5800 1-800-325-8506	
POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS					
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:	
2 FILER NAME	5 Full name of contributor out-of-state PAC (ID#:_	ία.	3 ACCOUNT # (Eth	ics Commission filers)	
4 Date 6/24/04	Full name of contributor   out-of-state PAC (ID#:_Pamela Bain)  6 Contributor address; City; State; Zip Code  7073 San Pedru S.A. T		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)		
Date  UAG / UH  Principal occur	Full name of contributor out-of-state PAC (ID#:_  JUNICE M. STYONG + CYO  Contributor address; City; State; Zip Code  15920 Reyes Ridge  ITELUTES TX. 78023:  pation / Job title (See Instructions)	ug F. Stung	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Date	Full name of contributor				
	Jesse S. Covarrubias Contributor address; City; State; Zip Code 204 Shalimar San Antonio, TX 78213	5	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	D SEC	
Date	Full name of contributor Out-of-state PAC (10#:_  K. Stephen Bunnette Contributor address; City; State; Zip Code  227 Bluff Hullow  San Antoniu ITX, 7821		Amount of contribution (\$)	In-kind contribution description (if applizable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	<u></u>	
		348	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) '	Employer (See Ir	nstructions)		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

David Starr
Contributor address; City: State; Zip Code
alul NW Military HWY; Ste. 111

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal occupation / Job title (See Instructions)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Ronaldo H. "Ron" Seg	ovia	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/27/04	Hill-Granados Retail farts 6 contributor address; city; state; zip code 1122 Sun Fedro San Antonio, TX 78216	ners, LP.	\$250,00	CITY PAGE
9 Principal occu		10 Employer (See In	structions)	o ZZ
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (Papplicable)
1/27/04	Shelton E. Padgett contributor address; city; state; zip code 300 Convent St., Ste. 15 San Antonio, TX 7820		\$100,00	<b>2</b>
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/04	Aubra L. Franklih contributor address; City; State; Zip Code 0311 York Creek		\$500,00	
Principal occu	San Antonio, TX 78230 upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (10#  Berkley V. Dawson		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/04	P. D. Box 937		\$ 250,00	
Distinct	San Antonio; TX 78202		notructions)	
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/13/04	9311 San Pedro Aver, St		\$250,00	  -
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)	
If cont	ATTACH ADDITIONAL COPIES			ting requirements

If contributor is out-of-state PAC, p

Printed on recycled paper

Revised 11/05/2003

P	O	LIT	IC.	AL	CC	TN	RIB	UTI	ONS	3	
C	T	HE	R <sup>-</sup>	TH/	N	PLI	EDG	ES	OR	LOA	NS

SCHEDULE A

Guide explains how to complete this form.			
	1 Total pages Schedule A:		
		3 ACCOUNT # (Ett	nics Commission filers)
onaldo H. "Ron" Sead	ovia		
		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Mike Barnard. 6 Contributor address; City; State; Zip Code 11807 Sunburst Fane	#201	\$ 500,00	 
			! 
ation / Job title (See Instructions)		structions)	
		Amount of contribution (\$)	In-kind contribution description (if applicable)
		\$600,00	CITY PERO
ation/Job title (See Instructions)	6 2263 Employer (See Ir	structions)	STATE OF THE PERSON NAMED IN COLUMN TWO IN C
Full name of contributor Out-of-state PAC (ID#		Amount of	In-kind contribution description (if applicable)
Jerry R. Sailer Contributoraddress; City; State; Zip Code		\$150,°C	description (it applies bile)
	Ft(Sa-t-	- the other of	1
ation / Job title (See Instructions)	Employer (See in	istructions)	
Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Phillip M. Bagnall Contributor address; City; State; Zip Code 216 Lamont Ave.		#50,00	
	OG		1
pation / Job title (See Instructions)	<del>/</del>	nstructions)	
Full name of contributor out-of-state PAC (ID#		) Amount of contribution (\$)	In-kind contribution description (if applicable)
Royce Rentro Contributor address; City; State; Zip Code 13307 Southwalk		\$50,00	1
sun Antonio, TX 78233	2		
pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Mike Barnard  6 Contributor address; City; State; Zip Code  11807 Sunburst Fane  San Antonio , TX 78230  ation/Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_  Hanford Developmer  Contributor address; City; State; Zip Code  P.D. Box H728  Palm Springs, California  ation/Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_  Contributor address; City; State; Zip Code  223 Encinc Loop  San Antonio; TX 78259  ation/Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_  Contributor address; City; State; Zip Code  216 Lamont Ave.  San Antonio, TX 7826  ation/Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_  Contributor address; City; State; Zip Code  216 Lamont Ave.  San Antonio, TX 7826  Contributor address; City; State; Zip Code  217 Southwalk  San Antonio, TX 78232	Full name of contributor   Out-of-state PAC (ID#   Lanford Development, Inc.  Contributor address; City; State; Zip Code   P.D. BCX H728  Palm Springs California 92263 ation / Job title (See Instructions)   Employer (See Informity Contributor   Out-of-state PAC (ID#    Jerry R. Sailer Contributor   Out-of-state PAC (ID#   Contributor address; City; State; Zip Code    San Antonio; TX 78259  Ation / Job title (See Instructions)   Employer (See Information / Job title (See Instruction	Mike Barnard.  6 Contributor address; City. State; Zip Code  11807 Sunburst Lane #361  San Antonic, TX 78230-5502  Ition/Job title (See Instructions)  Full name of contributor    Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOA	NS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS					
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A: 16	
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)	
	Full name of contributor out-of-state PAC (ID#:	_			
4 Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/11/04	Johnny + Ariscilla Gonza 6 contributor address; City: State: Zip Code 4004 Sky ridge San Antonio, TX 78218	āba	\$ 100,00		
9 Principal occup	pation / Job title (See Instructions)	Employer (See Ins.	structions)	<b>2</b> C	
Date	Full name of contributor		Amount of contribution (\$)	In-wind contribution description (if applicable)	
2/11/04	Gonzaba Management G contributor address; City State; Zip Code 200 Concord Plaza, Ste.	750	\$500,00°	F 19 1	
	San Antonic, TX 782/L pation/Job title (See Instructions)			文芸の	
Principal occup	pation / Job title (See Instructions) /	Employer (See In:	structions)	4. 2. NIO	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/11/04	Ramiro Valadez Jr Contributor address; City; State; Zip Code P.O. Bux 240520	,	\$500.00		
	Sun Antonio, TX 7822L	1			
Principal occu	pation / Job title (See Instructions) /	Employer (See In	structions)		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/11/04	Fernando Reyes  Contributor address; City; State; Zip Code  a Davenport Lane		\$500,00	 	
	San Antonio, TX 78257		, ,		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/11/04	Gerardo Ramirez Contributor address; City; State; Zip Code 12911 Queens Forest		#250,00		
	San Antonio, TX 78230	e in the second			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
		- · · · · · · · · · · · · · · · · · · ·			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Com	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	8		SCHEDULE <b>A</b>
The Instruction	GUIDE EXPLAINS how to complete this form.		1 Total pages Sche	dule A: 16
2 FILER NAME			3 ACCOUNT # (Ett	nics Commission filers)
R	lonaldo H. "Ron" Secovia			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
2/2/04	Rusemary Kowalski 6 Contributor address; City; State; Zip Code 6.0. Box 1361		\$ /00, QO	description (if applicable)
	Sun Antonio, TX 78295			. o
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	17
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	<del></del>	tion Comm	contribution (\$)	description (if applicable)
2/6/04	USAA Group Political Accontributor address; City; State; Zip Code USAA Building	TIOV) COMMI	\$ 250,55	VED O
	Sun Antonio TX 782	88		5 5
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	**************************************
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
2/11/04	Roger Caballero, Sr. contributor address; City; State; Zip Code 6123 Sinclair Rd.		contribution (\$) $\#/\infty$ , 60	description (if applicable)
	Sun Antonio, TX 7823	12-2440		! !
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
2/5/04	Rodo Fo R. Martinez Contributor address; City: State; Zip Code	Jr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
	918 McKinley Ave.		17007	
Principal occu	Jan Antonio TX 782/	Employer (See Ir	nstructions)	1
			T	<del></del>
2/9/04	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2421 Lake Puncoast Dr	-, , Apt 14-C	#250,00	1
	Miami Beach, FL 33140	-445		<u> </u>
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
		<u> </u>		· · · · · · · · · · · · · · · · · · ·

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	SCHEDULE <b>A</b>		
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)	
	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/11/04	Jimmy Jimencz 6 contributor address; City; State; Zip Code 4026 Gien RCCK San Antonio TX 78240		# 250,00		
9 Principal occup	pation/Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/11/04	Gilberto S Usan as Contributor address; City; State; Zip Code		# 250,00	A JIL 19	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	D型	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (4 applicable)	
2/11/04	Arthur Emerson contributor address; City; State; Zip Code 415 E. Huisache San Antonio, TX 1782	12.	\$100,00		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
2/1D/04	GSABA-SABPAC, PO		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date 2/11/04	Full name of contributor   out-of-state PAC (ID#_ RUDY RODY IGUEZ  Contributor address; City; State; Zip Code 614 Glen CYCS+ St.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	Jan Antonio, TX 782 (upation/Job title (See Instructions)	Employer (See I	nstructions)	<u> </u>	
If cont	ATTACH ADDITIONAL COPIE			ting requirements.	

exas Ethics Com	nmission P.O. Box 12070 Austin	Texas 78711-207	0 (512) 463	3-5800 1-800-325-85
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	6		SCHEDULE A
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
FILER NAME			3 ACCOUNT # (Ett	nics Commission filers)
	5 Full name of contributor out-of-state PAC (10#:_  Jumes R. Johnson  6 Contributor address; City; State; Zip Code  317 Percida St.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
) Principal occuj	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	H-kind contribution description (if applicable)
2/11/04	Jerry M. Fuentes contributor address; City; State; Zip Code 1907 Summerwood Dr. Sun Antonio, TX 7823	· ^	\$ 50,00	16 A 器
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	\$ 50 NO
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/11/04	Milton Guess contributor address; City; State; Zip Code 800 Navarro Sti, Ste		\$ 250,00	 
Principal occu	San Antonio, TX 7820 pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/11/04	Sun Antonio, TX 78	<b>3</b> 11	\$50,00	· · · · · · · · · · · · · · · · · · ·
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	J
Date	Full name of contributor Out-of-state PAC (ID#_ Robert J. Pere Z.		Amount of contribution (\$)	In-kind contribution description (if applicable
2/11/04	Contributor address; City; State; Zip Code	00	<b>Φ</b> /20/	

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San Antonio, TX 78205

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE <b>A</b>
The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule A:	
2 FILER NAME			ACCOUNT # (Eth	ics Commission filers)
	KONA do H. "RON" SEGOVIO  5 Full name of contributorout-of-state PAC (ID#:	7	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/11/04	Joanne E. Boune 6 Contributor address; City; State; Zip Code 19230 Autumn Garden		\$500, <u>co</u>	
9 Principal occu	pation/Job title (See Instructions) 1	3805 © Employer (See Instru	uctions)	OITY R
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/11/04	Kathryn and Brendan Go contributor address; City: State; Zip Code 506 Bluff Estates Dr. Son Antonio; TX 78216	'	\$ 100,00	DE A 9:5
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/11/04	Robert L. Beltran contributor address; City; State; Zip Code 1639 E, Highland Blvd. San Antonio ITX, 78216	1.50	100,60	   
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/11/64	RUSIE Anguiano Contributor address; City: State: Zip Code 257 Bustillo Pr.	1/4	\$ \$ 100,00	; T
Principal occu	San Antonio, TX 783 upation/Job title (See Instructions)	Employer (See Instr	ructions)	
2/9/04	Full name of contributor   out-of-state PAC (ID#	>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See Insti	ructions)	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS	S NEEDED	A CONTRACTOR OF THE CONTRACTOR

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Henry R. Munoz III.
Contributor/address; City; State; Zip Code
700 6 PM N. Tower

description (if applicable)

800 N IW, LOUP 410 San Antonio TX 182 Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

San Antonio Firefighters P.A.C. Contributor address; City; State; Zip Code
8925 West IH16

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Amount of contribution description (if applicable)

Contributor address; City; State; Zip Code

CARP BULL'S Rd

San Antonio, TX 78356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

out-of-state PAC (ID#:

Employer (See Instructions)

Amount of

contribution (\$)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

435

Date

Full name of contributor

In-kind contribution

description (if applicable)

Richard Kardys
Contributor address: City: State: Zip Code
417 Ridgemont
San Antonio, TX 78209

Principal occupation/Job title (See Instructions)

Date
Full name of contributor
David Beck Jv,
Contributor address: City: State: Zip Code
724 N. St. Marys

Principal occupation/Job title (See Instructions)

Employer (See Instructions)

In-kind contribution description (if applicable)

#50, CG

#50, CG

Principal occupation/Job title (See Instructions)

Employer (See Instructions)

out-of-state PAC (ID#

604 Garraty Rd. San Antonio, TX

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1/05/2003

Date

In-kind contribution

Amount of

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

400

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Sche	1
Ponaldo H. "Ro	on" Segola 3 ACCOUNT # (EH	nics Commission filers)
TOTAL OF UNITEMIZED LOANS:	<b>↓</b> ⇔ ⇔ ⇔ ⇔ ⇔	\$
5 Date of loan 7 Name of lender 1.27.04 Ronaldo H. 6 Is lender a 8 Lender address; City; State;	Row Segovia	9 Loan Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
financial Institution?  Y  See Public Information Act 5	•	11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	700u
14 Description of Collateral none		RECI
15 GUARANTOR INFORMATION		18 Amount Quaranteed WV
not applicable   17 Guarantor address; City; State;	Zip Code	0NIO 9: 52
19 Principal Occupation	20 Employer	
Date of loan Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a Lender address; City; State; financial Institution?	Zip Code	Interest rate
YN		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none		-
GUARANTOR Name of guarantor INFORMATION	· · · · · · · · · · · · · · · · · · ·	Amount Guaranteed (\$)
Guarantor address; City; State;	Zip Code	
Principal Occupation	Employer	
ATTACH ADDITIONAL CO	OPIES OF THIS FORM AS NEEDED ruction guide for additional reporting r	equirements.

Austin, Texas 78711-2070

P.O. Box 12070

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F;
2 FILER NAME RONaldo H. "RON" Segovia	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name LOULE DELLA D  1. 3. 6 Payee address; City:—State; Zin Code	7 Amount RESCE
500 Antonio TX 78.	122 中200 票部
8 Purpose of payment (See instructions regarding type of information required.)  9 •• Complete if d Candidate / Officeholder	irect expenditure to benefit C/OHCO
Payee name Segovia Candy	Amount (\$)
1.16.04 Payee address: City: State: Zip Code 1837 Guadalupe Sun Antonio, TX 7825	7 \$341 =
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office held
Date Payor name Reba Malone	Amount (\$)
Payee address; City, State; Zip Code  So 7  City, State; Zip Code	123 \$62146
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	lirect expenditure to benefit C/OH ·· name Office sought Office held
Cumpuign Keinlaursement	
Date Payer name Led Advertising	Amount (\$)
6.23.04 Payee address; City: State; Zin Code 12d. 78212	2 \$107934
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	direct expenditure to benefit C/OH •• name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME RONaldo H. "Ron" Segona	3 ACCOUNT # (Ethics Commission filers)
1.23.04 6 Payee address; City: State: Zip code III 4 SW. M. Hay Pr. Sun Antonio, TX 7822	
8 Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	lirect expenditure to benefit AH CHIM
2.2.04 Payee name  St. Margaret Mary Church Payee address; City: State; Zip Code  St. Margaret Mary Church Payee address; Ticity: State; Zip Code  St. Margaret Mary Church Payee name  And Andrew Mary Church Payee name  The	\$ 52 00 00 00 00 00 00 00 00 00 00 00 00 00
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	direct expenditure to benefit C/OH •• r name Office sought Office held
Payee name LULAC  2.20.04 Payee address; City; State; Zip Code  SOOK GUADUUP  GUN KN 700, TX 78207	* (\$)
Purpose of payment (See instructions regarding type of information required.)	direct expenditure to benefit C/OH •• r name Office sought Office held
3.5.04 Payee name Highlands Cate  Payee address; City; State; Zip Code  2314 GtVlS  Gun Antonio, TX 786	450°°
Purpose of payment (See instructions regarding type of information required.)  Rodviguez Breakfust  Candidate / Officeholder	direct expenditure to benefit C/OH ·· er name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME RONaldo H. "Ron" Segovia	3 ACCOUNT # (Ethics Commission filers)
1.24.64 5 Payee name Nomen's Political Couch	7 Amount
8 Purpose of payment (See instructions regarding type of information required.)  9 •• Complete Candidate / Officehold	if direct expenditure to benefit (20H
Payee address: City: State: Rip Code  Gunthold Charles  City: State: Rip Code  Cuty:	\$750°55
Purpose of payment (See instructions regarding type of information required.)  Complete Candidate / Officehold	if direct expenditure to benefit C/OH •• der name Office sought Office held
Payee name Rio Tortha Family 1.30.64 Payee address; City: State: Zip Code 1402 Gillette Blvd. Gay Antonio 17X 1822	4 \$220 -66
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officehol	if direct expenditure to benefit C/OH •• der name Office sought Office held
Payer name  VISCILIANO CANTA  Payee address; City; State; Zin Code  241 E. AMBU  GUN ANTONIO, TX  7	78221 \$ 1250°2
Purpose of payment (See instructions regarding type of information required.)  **Complete Candidate / Officeho	a if direct expenditure to benefit C/OH ··· Ider name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED

Purpose of payment (See instruction

· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name

Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME RONALdo H. "Ron" Segovia	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Clympic Vopum 6 Payee address: City; State; Zip Code 123 D.W. Military Dr Sum Awarno 11 187	7 Amount (\$) 53938\$ 53988
Purpose of payment (See instructions regarding type of information required.)  Busineth all Topy Deviation  9 Complete if d. Candidate / Officeholder	A Q Q
5.24.04 Payee name Detwork for young Artists State Zip code St. State Zip code St. State Avonso, TX 78204	\$\langle \text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office held
Date Payee name Mungia Printer  6.2.04 Payee address; City: State: Zip Rode  2001 Pulna Vista Statet  Sun Autonio tx 182	#224 <sup>38</sup>
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder	direct expenditure to benefit C/OH ** name Office sought Office held
Date Payedname CONZULS  6.4.04 Payed address; City; State; Zip Code Centur  4401 So. Hoves 7821	4 \$68 <sup>77</sup>
Purpose of payment (See instructions regarding type of information required.) Complete if Candidate / Officeholde	direct expenditure to benefit C/OH •• r name Office sought Office held

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POLITIO	CAL EXPENDITURES		SCHEDULE F
The Instructio	N Guide explains how to complete this form.	1 Total page	s Schedule F:
2 FILER NAME	Ronaldo H. "Ron" S	egova 3 ACCOUNT	# (Ethics Commission filers)
3 · 04	5 Payae name  Konaldo H. Ron  6 Payee address: City: State: 7 in Code  See Public Information Act 552.117	Segovia	7 Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if direct expenditure Candidate / Officeholder name	of to benefit C/OH ·· Office sought Office held
Date	Payee name  Payee address; City; State; Zip Code		ECEIVED ONIO
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	o to benefit C/OH •• Office sought Office held
Date	Payee name		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name		Amount _ (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	o to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	